

Pregnant Woman's Health and Diet Questions

Your name _____ / / Today's Date Your Date of Birth

Question 1 a-c is optional. Your answer will be used for reporting purposes. If you do not answer, a selection will be made for you by the staff. This does not affect you receiving WIC benefits.

Staff Use Only

1. a. Are you Hispanic or Latino? ☐ Yes ☐ No
- b. Are you Arabic? ☐ Yes ☐ No
- c. Check (✓) all races that apply to you:
 - ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander
 - ☐ Asian ☐ White
 - ☐ Black or African American

race

Please answer the following questions. These questions are asked to see if you may be eligible for the WIC Program. Please check (✓) your answer or fill in the blank. All answers are confidential.

2. What was your weight just before you became pregnant with this baby? _____ CDC pounds

pregravid weight

3. How many weeks pregnant are you? _____ weeks

weeks gestation

4. When is your baby due? _____ month _____ day _____ year

5. Including this pregnancy, how many times have you been pregnant? _____ (Count any abortions, miscarriages or stillbirths)

gravidity

6. How many previous pregnancies lasted more than 4 months? _____ (Do not count this pregnancy)

parity

7. How many live babies have you had? _____

live births

8. If you have been pregnant before, when did your **last** pregnancy end? (CDC) (date of last delivery, abortion, miscarriage or stillbirth) _____ month _____ day _____ year

prior delivery

9. Where are you going for most of your prenatal care during this pregnancy?

- ☐ 1. Hospital clinic ☐ 4. I am not going yet
 - ☐ 2. Health department clinic ☐ 5. Other _____
 - ☐ 3. Private Doctor's office/HMO
- Health Plan Name: _____ Dr. Name: _____

prenatal place

10. For this pregnancy, how are you paying for most of your medical care?

- ☐ 1. Private health insurance ☐ 4. Self or family
- ☐ 2. HMO ☐ 5. I have no way to pay
- ☐ 3. Medicaid/Healthy Kids ☐ 6. Other _____

prenatal source

11. When did your prenatal care begin? (For example, 2 months pregnant; 4 months pregnant) _____ (months pregnant)

12. Are you currently: ☐ 1. Not married ☐ 2. Married

marital status

13. How many grades of school have you completed? _____ grades completed

mother's education

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14. Since you have become pregnant, have you taken any medicines (prescription or non-prescription) or street drugs?

___ No ___ Yes
357+/372 - MIHP

- a. If yes, for what problem _____
b. If yes, what medications/drugs _____
c. If yes, list side effects, if any _____

15. Please check (✓) what is true about **this pregnancy**:

- | | |
|--|--|
| <input type="checkbox"/> Some weight loss during pregnancy 132+ | <input type="checkbox"/> Less than 20 years of age when I became pregnant and have had 3 or more previous pregnancies lasting 5 months or more 333 |
| <input type="checkbox"/> Severe nausea and vomiting 301+ | <input type="checkbox"/> Fetal Growth Restriction (Intrauterine Growth Retardation) 336+ |
| <input type="checkbox"/> Gestational Diabetes 302+ | <input type="checkbox"/> Breastfeeding another baby during this pregnancy 338 |
| <input type="checkbox"/> Less than 18 years of age when I became pregnant 331-MIHP | <input type="checkbox"/> High blood pressure because of this pregnancy 345+ |
| <input type="checkbox"/> Less than 16 months between the end of last pregnancy and beginning of this one 332 | |
| <input type="checkbox"/> Expecting to deliver twins or more 335 - MIHP | |

16. What was the date of your first prenatal visit? _____
334 (after 13 weeks) - MIHP

How many times have you seen your health provider for this pregnancy? _____
(14-21 weeks: 0, 22-29 weeks: ≤1, 30-31 weeks: ≤2, 32-33 weeks: ≤3, 34 or more weeks: ≤4) 334 - MIHP

17. Please check (✓) which is true about any previous **deliveries before this pregnancy**:

- ☐ I have never been pregnant before
☐ History of Gestational Diabetes 303
☐ Premature delivery (36 weeks or less gestation) 310+ - MIHP
☐ Delivered an infant that weighed 5 pounds, 8 ounces or less 312+ - MIHP
☐ Infant died after 5 months of pregnancy, infant death before 1 month, miscarriage 321 - MIHP
☐ Infant born with congenital or other birth defects 339
☐ Infant weighed 9 pounds or more 337

18. Do you have dental problems that make it difficult to eat? ___ No ___ Yes
381

19. Have you taken any vitamins or minerals in the past month? ___ No ___ Yes
If yes, what are you taking? _____ (Note for CPA re: 30 mg iron as a supplement daily) (CDC)

20. In the month before you got pregnant with this baby, how many times a week did you take a multi-vitamin (a pill that contains many different vitamins and minerals)? _____ times each week (CDC)

21. Do you have problems with transportation to your prenatal or WIC visits that make it hard for you to come?
___ No ___ Yes - MIHP

BREASTFEEDING QUESTIONS

22. WIC encourages breastfeeding because of the many benefits for mother and baby. Have you received any information about breastfeeding? ___ No ___ Yes

23. Where have you heard or who provided information to you about breastfeeding? Check (✓) all that apply.

- | | |
|--------------------------|----------------------------------|
| ___ Breastfeeding mom | ___ Friends and relatives |
| ___ Magazine | ___ TV |
| ___ Health Care Provider | ___ Breastfeeding Peer Counselor |
| ___ WIC | ___ Other _____ |

24. My breastfeeding experience with my last baby was:

___ Wonderful ___ Good ___ OK ___ Difficult ___ I did not breastfeed

25. How long did you breastfeed your previous children? _____

ALCOHOL USE

26. Have you had any alcoholic beverages (beer, wine, liquor, wine coolers) during this pregnancy, even before you found out you were pregnant? ___ No ___ Yes
372 - MIHP

27. During the **three months before you were pregnant**, how many days each week or each month did you drink any alcoholic beverages on the average? CDC

Number of days each week _____ OR Number of days each month _____

28. During the **three months before you were pregnant**, on the days when you drank, about how many drinks did you drink on the average? CDC

A drink is: 1 shot of liquor, 1 can or bottle of wine cooler,
1 can or bottle of beer, 1 glass of wine, or 1 cocktail

Average number of drinks _____ OR No drinks _____

29. During the **past three months**, how many days each week or each month did you drink any alcoholic beverages on the average? CDC

Number of days each week _____ OR Number of days each month _____

30. During the **past three months**, on the days when you drank, about how many drinks did you drink on the average? CDC

Average number of drinks _____ OR No drinks _____

TOBACCO USE

31. Have you smoked cigarettes, pipes or cigars during this pregnancy, even before you found out you were pregnant? ___ No ___ Yes
371 (B-only tobacco) - MIHP

32. During the **three months before you were pregnant**, how many cigarettes, pipes, or cigars a day did you smoke? (20 cigarettes = 1 pack) CDC

Number per day _____ OR I did not smoke _____

33. On the average, about how many cigarettes, pipes or cigars do you smoke a day **now**? CDC

Number per day _____ OR I do not smoke _____

34. How have you changed your smoking habits **during this pregnancy**?

- | | |
|----------------------------|---|
| ___ I did not smoke (8) | ___ No change, tried to cut down but didn't (3) |
| ___ Stopped completely (2) | ___ No change, smoking the same (7) |
| ___ Cut down (1) | ___ I don't know (9) |
| ___ Started smoking (4) | |

Staff Use Only

Days prepregnancy

Drinks prepregnancy

Alcohol now days/week

Alcohol now drinks/day

Cigarettes prepregnancy

Cigarettes now

Cigarettes change

DIET QUESTIONS

Your health:

What are your snacks and meals like:
(When, where, with who?)

What foods do you think you don't get enough of:

How do you feel about your weight/weight gain:

What activities do you like to do:

How many meals do you eat most days? _____ How many snacks do you eat most days? _____

How many times do you drink milk in a day? _____

Is your appetite usually: Good _____ Fair _____ Poor _____

Are you on a special diet (prescribed by a doctor)? _____ 403+

How many times in a week do you eat Fast Food? _____

Do you eat fish from Michigan rivers and lakes? _____

Do you eat or drink any of the following everyday or most days? (Check all that apply)

1. _____ Milk What kind _____
2. _____ Pop or other sweetened beverages
3. _____ Sweets or salty snacks
4. _____ Whole grains
5. _____ Fruits and vegetables

Do you eat or drink any of the following? (Check all that apply) 405

6. _____ Unpasteurized (raw) juice or milk
7. _____ Soft cheese (like feta, brie, camembert, blue or Mexican style cheese such as queso blanco, queso fresco or Panela unless labeled as made with pasteurized milk)
8. _____ Raw or undercooked (rare) meat, fish, poultry or eggs
9. _____ Raw sprouts or raw or undercooked tofu
10. _____ Refrigerated pate or meat spreads or refrigerated smoked seafood?
11. _____ Hot dogs, lunchmeats, and other deli meats not reheated to steaming hot

Do you? (Check all that apply)

- 12. ____ Eat a strict vegetarian diet 402+ or 403+
- 13. ____ Eat a low calorie/weight loss diet 403+
- 14. ____ Eat a low-carbohydrate, high protein diet (like Atkins, etc.) 403+
- 15. ____ Eat little food because of stomach surgery to lose weight 403+
- 16. ____ Regularly eat non-food items (ashes, carpet fibers, cigarettes or cigarettes butts, clay, dust, foam rubber, paint chips, soil, laundry starch or corn starch) 421+
- 17. ____ Take a vitamin or mineral supplement daily 424 (no) What kind _____
- 18. ____ Use herbal supplement remedies or teas 423 What kind _____

Thank you for completing this form. Please let the staff know you are finished.

WIC STAFF USE ONLY

Biochemical Risk - 201-P MSS Any value less than the blood values listed in the following chart.		Non-Smoking		Any Smoking Up to 19 cigarettes/day		Any smoking 20 to 39 cigarettes/day		Smoking 40 or more cigarettes/day	
Code	Status	Hct. %	Hgb. gm	Hct. %	Hgb. gm	Hct. %	Hgb. gm	Hct. %	Hgb. gm
201	P First trimester (0 thru 13 weeks)	<33.0	<11.0	<34.0	<11.3	<35.0	<11.5	<35.0	<11.7
201	P Second trimester (14 thru 26 weeks)	<32.0	<10.5	<33.0	<10.8	<34.0	<11.0	<34.0	<11.2
201	P Third trimester (27 or more weeks)	<33.0	<11.0	<34.0	<11.3	<35.0	<11.5	<35.0	<11.7

REFERRAL CODES

_01 EPSDT	_18 Registered Dietitian-WIC	_34 Early On	_59 Social Worker
_02 Family Planning	_19 Registered Dietitian-Non-WIC	_35 Legal Aid	_60 Healthy Start
_03 Infant Support Services	_20 STD Clinic	_36 Environmental Health	_61 Summer Feeding Program
_04 Maternal Support Services	_21 Well Child Clinic	_37 Lead Screening	_62 Child Support Services
_05 Hearing Screening	_22 Com. Mental Health & Mental Health Services	_38 MI Child	_63 Smoking Cessation
_06 Vision Screening	_23 Healthy Kids (MICH-Care)	_39 Prenatal Enrollment & Coord. Program	_64 Project FRESH
_07 Public Health Nursing	_24 Prenatal Clinic.	_40 Immunization Assessment w/Card	_65 Women's Shelter/Resource
_08 Children's Special Health Care Serv.	_25 Head Start	_41 Immunization Assessment-No Card	_66 Strong Families-Safe Children
_09 Food Stamps/Cash Out	_26 CSFP/Focus: HOPE	_42 Immunization Card-No Assessment	_67 Maternity Outpatient Medical Services Program (MOMS)
_10 Family Independence Agency	_27 Emergency Food Pantry/Programs and TEFAP	_43 No Immunization Card-No Assessment	
_11 Medicaid	_28 Non-Food Emergency Services	_44 Vaccinated in WIC	_95
_12 Preventive/Protective Services	_29 Job Training Employment	_45 Immunization Referral-Local Imm. Clinic	_96
_13 MSU Extension	_30 Migrant Services	_46 Immunization Referral-Doctor	_97
_14 Intermediate School District	_31 Parenting Classes	_47 No Immunization Needed	_98
_15 Sub. Abuse Counseling/Treatment	_32 Lactation Specialist	_50 New Voter Registration	_99
_16 Dental	_33 Breastfeeding Peer Support/LLL	_51 Voter Changed Address	
_17 Private Physician		_52 Voter Registration Declined	
		_53 Voter Mailed Form	

CPA Notes/Nutrition Education Plan:

The following breastfeeding information was provided:

☐ Pamphlets
 ☐ Prenatal BF classes
 ☐ BFI/LLL/LC
 ☐ Referrals
 ☐ Other

Pregnancy Confirmed:
☐ Yes
 ☐ No
 ☐ Will confirm at next visit

CPA Signature _____ Date _____